

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all <u>accumulation to tanks and containers</u> . If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				do
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No Tanks	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

June 6, 1985

Gordon Schultz
General Supervisor
GMC AC Spark Plug
1300 N. Dort Highway
Flint, MI 48552

Re: MID 980568745
Averill Ave. - Plant 647

Dear Mr. Schultz:

On May 14, 1985, staff of the Department of Natural Resources conducted an investigation of your facility located at 1300 N. Dort Highway in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

This inspection revealed that your facility was in compliance with the RCRA requirements evaluated at the time of the inspection. Compliance with these requirements does not limit the applicability of other provisions of the RCRA regulations. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

HAZARDOUS WASTE DIVISION

Leroy Vahovick
Water Quality Specialist
517-322-1687

LV/ms

Enclosure

cc: Hazardous Waste Division
U.S. EPA - Region V //

Page 2 of 2

Robert L. Johnson
Regional Supervisor
1000 N. West Highway
P.O. Box 1000
Ely, MN 55731

Mr. Robert L. Johnson
1000 N. West Highway
Ely, MN 55731

Dear Mr. Johnson:

On May 14, 1983, staff of the Department of Natural Resources conducted an investigation of your facility located at 1000 N. West Highway in Ely, Minnesota to evaluate compliance of that facility with requirements of Subchapter 2 of the Resource Conservation and Recovery Act (RCRA), as amended.

This inspection revealed that your facility was in compliance with the RCRA requirements evaluated at the time of the inspection. Compliance with these requirements does not limit the applicability of other provisions of the RCRA regulations. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

WILLIAM W. STEWART

Robert L. Johnson
Regional Supervisor
1000 N. West Highway
Ely, MN 55731

W/ps

Enclosure

cc: Resource Conservation
Division
U.S. EPA - Region V

RCRA Inspection Report

Plant 6

7/24/84

EPA Identification Number: M I D 9 8 0 5 6 8 7 4 5

Installation Name: GMC AC Spark plug Div - Averill Ave

Location Address: 4143 Davison Road 48503

City: Flint

State: Mich

Date of inspection: 5/24/84

Time of inspection (from) 8:30 A (to) 12:00 N

Person(s) interviewed

Title

Telephone

Gordon Schultz

Gen Supervisor

313-257-6257

Inspector(s)

Agency/Title

Telephone

Leroy Bahovick

Mich DNR water quality spl

517-322-1687

Installation Activity (mark only one box)

Inspection Form(s)

☒ ~~Treatment/Storage/Disposal per 40 CFR 265.1 and/or~~
Generation and/or ~~Transportation~~

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers <i>barrels</i>	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	<input checked="" type="checkbox"/>			
b. Facility expansion?	<input checked="" type="checkbox"/>			
c. Change of owner or operator?	<input checked="" type="checkbox"/>			
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>			
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>			
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?			N/A	
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>			
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>			
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>			
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>			
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>			

*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

YES NO NI Remarks

_____ ☒ _____

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

_____ ☒ _____

b. Telephone or 2-way radios
at the scene of operations?

_____ ☒ _____

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

_____ ☒ _____

Indicate the volume of water and/or foam available for fire control:

CITY OF Flint water

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

_____ ☒ _____

b. Is emergency equipment
maintained in operable
condition?

_____ ☒ _____

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

_____ ☒ _____

5. Is there adequate aisle space
for unobstructed movement?

_____ ☒ _____

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

_____ ☒ _____

Section D: CONTINGENCY PLAN AND EMERGENCY PROC. JRES: (Part 265 Subpart D)

YES NO NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓

b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓

YES NO NI Remarks

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

☒

☒

☒

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

Never occurred

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Applies only to disposal facilities.

Section I - C AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section J - TANKS (Part 265, Subpart J)

	YES	NO	NI	Remarks
1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192	<input checked="" type="checkbox"/>			
2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?				
3. Do continuous feed systems have a waste-feed cutoff?				
4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193				
5. Are required daily and weekly inspections done? 265.194				
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198 Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				
7. Are incompatible wastes stored in separate tanks? 265.199 (If not, the provisions of 40 CFR 265.17(b) apply.)				
8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?				

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

RCRA Inspection Report

EPA Identification Number: M I D 9 8 0 5 6 8 7 4 5

Installation Name: GMC AC Spark plug - Acovill Ave Plant 6+7

Location Address: 1300 N. Port Highway

City: Flint

State: Mich 48552

Date of inspection: 5/16/85 Time of inspection (from) 8:30 (to) 2:00pm

Person(s) interviewed	Title	Telephone
<u>Carolyn Meckan</u>	<u>Clerk</u>	<u>313-257-6257</u>

<u>Dick Hubler</u>	<u>Superintendent</u>	
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<u>Don Robinson</u>	<u>Superintendent</u>	
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<u>Gordon Schultz</u>	<u>Asst. Superintendent</u>	
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Inspector(s)	Agency/Title	Telephone
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<u>Leroy Vahovick</u>	<u>Mich DNR water quality SAI</u>	<u>517-322-1687</u>
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Installation Activity (mark only one box)

Inspection Form(s)

- | | |
|---|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

Dick Hobler

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Facility expansion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Change of owner or operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>			
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?			<i>N/A</i>	
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>			
iii. security devices?	<input checked="" type="checkbox"/>			
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>			
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>			
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>			
d. Are areas subject to spills inspected daily when in use?			<i>weekly</i>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>			
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>			
ii. the name of the inspector?	<input checked="" type="checkbox"/>			
iii. a notation of the observations made?	<input checked="" type="checkbox"/>			
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>			
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>			
b. Job descriptions?	<input checked="" type="checkbox"/>			

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

YES NO NI Remarks

_____ ✓ _____ _____

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

_____ Not required, near
fire station

b. Telephone or 2-way radios
at the scene of operations?

_____ ✓ _____ _____

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

_____ ✓ _____ _____

Indicate the volume of water and/or foam available for fire control:

CITY of Flint

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

The Co. Fire Department is
close by. (100 ft)

b. Is emergency equipment
maintained in operable
condition?

✓ Quick fill (day)

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

_____ Not required

5. Is there adequate aisle space
for unobstructed movement?

_____ ✓ _____ _____

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

_____ ✓ _____ _____

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	<input checked="" type="checkbox"/>			
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<input checked="" type="checkbox"/>			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input checked="" type="checkbox"/>			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<input checked="" type="checkbox"/>			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)			<input checked="" type="checkbox"/>	
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	<input checked="" type="checkbox"/>			

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>open ended</i>
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>N/A</i>
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

~Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not Applicable</i>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>" "</i>

Appendix GN

Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>4</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>			
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>			
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>			
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>			
g. Required certification?	<input checked="" type="checkbox"/>			
h. Required signatures?	<input checked="" type="checkbox"/>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. _____				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>			<u>prior to shipment</u>
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>			<u>" " "</u>
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>			
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>			
b. Have more than 90 days elapsed since the date inspected in (a)?			<u>NI</u>	
c. Do wastes remain in accumulation tanks for more than 90 days?		<input checked="" type="checkbox"/>		<u>No Part 1</u>
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>			

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>			

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input checked="" type="checkbox"/>			
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

1
JES
7/30/84
Code 0

June 4, 1984

Gordon Schultz, General Supervisor
GMC AC Spark Plug Division
1300 N. Dort Highway
Flint, MI 48552

Re: MID 980568745
Averill Avenue Facility

Dear Mr. Schultz:

On May 24, 1984 staff of the Department of Natural Resources conducted an investigation of your facility located at 4143 Davison Road in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

My inspection revealed that your facility was in compliance with RCRA at the time of the inspection. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

HAZARDOUS WASTE DIVISION

Leroy Vahovick
Leroy Vahovick
Water Quality Specialist
517-322-1687

LV/mj

Enclosure

cc: Hazardous Waste Division
U.S. EPA - Region V /

yes 9-20-E,
code 0

August 31, 1983

Mr. Richard Johnson
Superintendent, Mfg. Services
G.M.C. - AC Spark Plug Division (Averill Ave)
1300 North Dort Highway
Flint, Michigan 48506

MID 980 568 745

Dear Mr. Johnson:

~~1601~~ 4143 Dawson Rd

On August 25, 1983, I conducted an inspection at your facility at ~~1300 North~~
~~Dort Highway~~ in Flint, Michigan to evaluate compliance of that facility with
the requirements of Subtitle C of the Resource Conservation and Recovery Act
(RCRA), as amended.

My inspection revealed that the G.M.C. - AC Spark Plug Division, Averill Avenue
Plant, is in compliance with the requirements of RCRA at this time.

Thank you for your cooperation during this inspection.

Sincerely,

HAZARDOUS WASTE DIVISION

Leroy Vahovick
Water Quality Specialist
Lansing District

LV/sp

cc: J. Bohunsky/Hazardous Waste Div.
U.S. EPA - Region V

Code 0
YES 9-20-83

RCRA Inspection Report

EPA Identification Number: MT 270010226

Installation Name: GMC AC Spark Plug Div Adevill Ave

Location Address: 1300 N. Davt Highway

City: Flint

State: Mich

Date of inspection: 8/25/83

Time of inspection (from) 1:00 P (to) 2:45 P

Person(s) interviewed

Title

Telephone

Dick Johnson

Dick Hubler

Supervisor

313-257-5731

Inspector(s)

Agency/Title

Telephone

Leroy Vahrock

Mich DNR

517 322-1687

Water Quality Spl

Installation Activity (mark only one box)

Inspection Form(s)

☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or
Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☒ Generation only

B

☐ Transportation only

C

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendices.

Permit application process(es) (EPA Form 3510-3) Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

YES NO NI* Remarks

1. Has the Regional Administrator been notified regarding: 265.12

a. Receipt of hazardous waste from a foreign source?

____ ☒ ____

b. Facility expansion?

____ ☒ ____

c. Change of owner or operator?

____ ☒ ____

2. General Waste Analysis: 265.13

a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?

☒ ____

b. Does the owner or operator have a detailed waste analysis plan on file at the facility?

☒ ____

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?

☒ ____

N/A No waste brought in

3. Security - Do security measures include: (if applicable) 265.14

a. 24-Hour surveillance?
or

☒ ____

b. i. Artificial or natural barrier around facility?
and

☒ ____

ii. Controlled entry?

☒ ____

c. Danger sign(s) at entrance?

☒ ____

4. Owner or operator inspections: 265.15

a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?

☒ ____

each day

*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>			<u>checked day report each week</u>
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?				<u>N/A</u>
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>			<u>Near fire Dept.</u>
iii. security devices?	<input checked="" type="checkbox"/>			<u>Sensored</u>
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>			<u>dikes</u>
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>			<u>leak</u>
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>			<u>each day</u> <u>See b.</u>
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>			
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>			<u>on weekly basis</u>
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>			<u>date</u>
ii. the name of the inspector?	<input checked="" type="checkbox"/>			
iii. a notation of the observations made?	<input checked="" type="checkbox"/>			
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>			
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>			
b. Job descriptions?	<input checked="" type="checkbox"/>			

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
a. Special handling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>None smoking restricted area</i>

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

YES NO NI Remarks

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

___ ☒ ___

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

___ ___

N/A out side

b. Telephone or 2-way radios
at the scene of operations?

___ ☒ ___

*Dept Telephone
in the area*

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

☒ ___

Indicate the volume of water and/or foam available for fire control:

CITY WATER

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

☒ ___

b. Is emergency equipment
maintained in operable
condition?

☒ ___

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

___ ☒ ___

Near Fire Dept (Co.)

5. Is there adequate aisle space
for unobstructed movement?

☒ ___

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

☒ ___

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓			
b. Arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)				N/A outside storage
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	✓			

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				
				<i>Never occurred</i>

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
** 1. Use of Manifest System 265.71				
a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are records of past shipments retained for 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.				
3. Operating Record 265.73				
a. Does the owner or operator maintain an operating record as required in 265.73?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
***iii. A map or diagram of each cell or disposal area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** only applies to disposal facilities

Section G CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>			
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>			
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>			
iv. estimated year of closure?	<input checked="" type="checkbox"/>			
v. schedule of closure activities?	<input checked="" type="checkbox"/>			
c. Has closure begun?		<input checked="" type="checkbox"/>		
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?				
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?				
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable				
BB. facility monitoring equipment				
iii. name, address, and phone number of person or office to contact during post-closure care period?				
c. Has the post-closure period begun?				
d. Is the written post-closure cost estimate available? 265.144				

*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>

Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>6</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21	<u>Yes</u>			
a. Manifest document number?	<input checked="" type="checkbox"/>			
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>			
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>			
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>			
g. Required certification?	<input checked="" type="checkbox"/>			
h. Required signatures?	<input checked="" type="checkbox"/>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>None</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

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October 26, 1982

GMC - A.C. Spark Plug Division
1300 N. Dort Highway
Flint, MI 48556

Attention: Mr. Gordon Schultz; General Supervisor

Dear Mr. Schultz:

On August 11, 1982, Valdrew Rodgers, Ralph Smith, and I, as staff of the Michigan Department of Natural Resources, conducted an investigation at GMC - A.C. Spark Plug Division, located at 1300 N. Dort Highway, Flint, Michigan. The purpose of this visit was to evaluate the status of compliance of this facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. We inspected three separate facilities indentified as the Dort Highway, Averill Avenue, and Waste Treatment facility.

As a result of our investigation, we have determined that all three facilities are not in compliance with the following requirements of Subtitle C of RCRA. Specifically:

1. Arrangements have not been made to familiarize police, fire department, and emergency response teams with the layout of the facility, properties of hazardous waste handled at the facility, and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes.
2. Arrangements have not been made with state emergency response teams, or emergency response contractors.
3. Arrangements have not been made to familiarize local hospitals with the properties of hazardous wastes handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or releases at this facility.

All of these requirements are identified in 40 CFR 265.37.

GMC - A. C. Spark Plug Division
October 26, 1982
Page 2

The Averill Avenue and Dort Highway facilities were not in compliance with the following requirement.

Proper signs, with the legend, "Danger - Unauthorized Personnel Keep Out", posted at each entrance of the storage facility as required in 40 CFR 265.14(c).

You are hereby requested to respond to this letter by November 30, 1982, providing written documentation to this office regarding those actions taken to correct the above deficiencies. If you have any questions regarding this matter, feel free to call me at (517) 322-1336.

Sincerely,

DMF

David M. Fiedler
Engineer
Air Quality Division

DMF:ns

Enclosures

cc: Al Howard, OHM
U.S. EPA-Region V

RCRA Inspection Report

EPA
#1115EPA Identification Number: M I T 270010226Installation Name: AC SPARK PLUG DIV. (AVERILL AVE FACILITY)Location Address: 4143 DAVISON ROADCity: Flint State: MI.Date of inspection: Aug 11 Time of inspection (from) 10:30 AM (to) 2:25 PM

Person(s) interviewed

Title

Telephone

Gordon SchutlzGen. Supervisor(313) 766-2141Roy AndrewsSuperintendent Mfg.(313) 766-2978Pat NeftClerk

Inspector(s)

Agency/Title

Telephone

Waldrew RodgersDNR Air Quality(517) 322-1336DAVE FIEDLER""Ralph Smith""

Installation Activity (mark only one box)

Inspection Form(s)

- ☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation
- ☐ Treatment/Storage/Disposal (no generation or Transportation)
- ☐ Generation and Transportation
- ☐ Generation only
- ☐ Transportation only

A

A

B, C

B

C

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

<u>Permit application process(es) (EPA Form 3510-3)</u>	<u>Inspection Form A section(s)</u>
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S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	_____	_____	<input checked="" type="checkbox"/>	_____
b. Facility expansion?	_____	<input checked="" type="checkbox"/>	_____	_____
c. Change of owner or operator?	_____	<input checked="" type="checkbox"/>	_____	_____
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>	_____	_____	_____
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>	_____	_____	_____
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input checked="" type="checkbox"/>	_____	_____	_____
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>	_____	_____	_____
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>	_____	_____	_____
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>	_____	_____	_____
c. Danger sign(s) at entrance?	<i>letter states proper signs not posted</i> <input checked="" type="checkbox"/>	_____	_____	_____
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>	_____	_____	_____

*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

